This record is a partial extract of the original cable. The full text of the original cable is not available.

UNCLAS SECTION 01 OF 02 HARARE 000758

SIPDIS

FROM AMBASSADOR SULLIVAN FOR:
STATE, FOR AF A/S KANSTEINER AND OES DAS CHOW,
USAID/W FOR ANNE PETERSON AND AFR A/A NEWMAN,
HHS FOR SECRETARY THOMPSON AND WILLIAM STEIGER,
WHITE HOUSE FOR DR. J. O'NEILL,
NSC FOR AFRICA SR DIR JFRAZER AND JDWORKIN,
ROME FOR AMB HALL,
PRETORIA FOR CROWLEY
ALSO PASS TO CDC/JGERBERDING

E.O. 12958: N/A
TAGS: KHIV TSPL OSCI KSCA ZI US HIV AIDS
SUBJECT: USG HIV/AIDS PROGRAMS IN ZIMBABWE: POISED FOR FURTHER PROGRESS

REF: HARARE 757

¶1. I call your attention to reftel which outlines the progress the US has made in HIV/AIDS prevention, care/treatment and mitigation in Zimbabwe, perhaps the second most affected country in the world. I believe it critical that the USG continue to give priority attention to Zimbabwe's enormous public health crisis now, building on the success of our current efforts and taking advantage of opportunities for more progress. As noted in the Mission Program Plan(MPP), we need to work where we can be most effective in saving lives -- in Mission and Church Hospitals in many cases, in the public health system, and with faith-based and other NGO's. We also need to take advantage of opportunities that we have helped put in place to save lives now, since delay will only assure that the HIV crisis and Zimbabwe's other related crises worsen for years to come, making the task of Zimbabwe's eventual recovery under future governments that much more difficult. This telegram and the referenced telegram point out several opportunities to build on our success. I appeal to addressees and to the interagency group that reviews the MPP to assure that US HIV-AIDS programs for Zimbabwe receive the resources necessary to continue their progress. (In this context, I am not concerned about whether Zimbabwe makes up part of any priority list, but that the USG dedicate the resources necessary to build on our current progress and take advantage of real opportunities to save more lives now.)

¶2. Background: Zimbabwe has been wracked by a series of profound and interlocking crises with humanitarian, economic, social and political dimensions. The once strong national health system is now crippled due to economic constraints and emigration of staff and the effects of the epidemic which affects an estimated 2,300,000 of the twelve million Zimbabweans. Notwithstanding the difficulties, US agencies, including USAID, HHS/CDC, NIH, and HRSA, together with private US companies and NGO's have collaborated closely for maximum effect to establish a strong foundation for programs aimed at prevention, treatment and mitigation.

3.. Examples of Integrated Programming and Additional Opportunities

USAID has supported an increasingly successful Voluntary Counseling and Testing(VCT) network of 14 centers, while CDC together with the Elizabeth Glazer Foundation have jump-started a national Prevention of Mother to Child Transmission(PMTCT) program at some 80 clinics and hospitals, which already reaches 10 per cent of pregnant mothers. USAID and CDC are now collaborating closely on integrating the VCT and PMTCT programs to satisfy the rapidly increasing demand for expanded HIV counseling and testing services among pregnant women, their partners and families. Because the PMTCT program is principally run through the public health system, integrating VCT and PMTCT programs will require USAID to join CDC in working with public health authorities. Integrating these two programs will also provide a firmer foundation on which to construct the delivery of broader care and treatment programs, including ARVs to pregnant women, their partners and families.

Opportunity: Resources will determine our reach. Current USG resources will enable us to reach 15 percent of seropositive mothers, while an additional two million per year would enable us to reach about 25 per cent of seropositive mothers.

¶4. ARVs: CDC has worked with the GOZ to develop guidelines and protocols for ARV treatment and to prepare for the laboratory-associated treatment requirements, while USAID has performed a comprehensive assessment of logistical factors for ARV delivery on a large scale. CDC has also brokered arrangements between Pfizer and the GOZ for the initiation and expansion of the Pfizer Diflucan Donation Program for treatment of two significant opportunistic infections. Both

CDC and USAID actively interact with the GOZ and domestic and international stakeholders on the programming, monitoring and evaluation of funds pledged to Zimbabwe by the Global Fund.

Opportunity: For approximately three million dollars per year, the USG could support a pragmatic, well-designed, intensively evaluated highly active anti-retroviral therapy(HAART) program sustaining between 3,000 and 5,000 persons with advanced HIV infection.

¶5. Bottom line: We are making real progress in Zimbabwe in laying the foundation for a broad and effective HIV-AIDS intervention. Our programs are totally consistent with our policy of support for the Zimbabwean people, even as we differ with the GOZ. Notwithstanding Zimbabwe's current crises, the population, health sector and civil society, including faith-based organizations, possess the fundamental conditions for major progress in prevention, treatment and mitigation. The HIV-AIDS crisis in Zimbabwe is so severe that waiting is not an option. I urge that the USG commit to providing all possible assistance to attacking the disease now.
SULLIVAN